

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000091276**1. Entity Name
DENTAL CARE ALLIANCE OF INDIANA, INC.

Principal Place of Business

1343 MAIN ST. 7TH FLOOR

SARASOTA
34236

FL

Mailing Address

1343 MAIN ST. 7TH FLOOR

SARASOTA
34236

FL

2. Principal Place of Business

1 S. SCHOOL AVENUE

Suite, Apt. #, etc.
SUITE 1000City & State
SARASOTA
FLZip
34237

Country

3. Mailing Address

1 S. SCHOOL AVENUE

Suite, Apt. #, etc.
SUITE 1000City & State
SARASOTA
FLZip
34237

Country

4. FEI Number

65-0872740

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NICHOLS DAVID
1343 MAIN ST. 7TH FLOORSARASOTA FL
34236

7. Name and Address of New Registered Agent

Name

NICHOLS DAVID

Street Address (P.O. Box Number is Not Acceptable)
1 S. SCHOOL AVENUE

SUITE 1000

City
SARASOTA

FL

Zip Code
34237

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ **03/01/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME RAUCCI ROBERT
STREET ADDRESS 1343 MAIN ST. 7TH FLOOR
CITY-ST-ZIP SARASOTA FL 34236TITLE D ☐ Delete
NAME SMITH CURTIS LEE
STREET ADDRESS 1343 MAIN ST. 7TH FLOOR
CITY-ST-ZIP SARASOTA FL 34236TITLE D ☐ Delete
NAME OLAN MITCHELL
STREET ADDRESS 1343 MAIN ST. 7TH FLOOR
CITY-ST-ZIP SARASOTA FL 34236TITLE D ☐ Delete
NAME MATZKIN STEVEN R
STREET ADDRESS 1343 MAIN ST. 7TH FLOOR
CITY-ST-ZIP SARASOTA FL 34236TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME RAUCCI ROBERT
STREET ADDRESS 1 S. SCHOOL AVENUE, SUITE 1000
CITY-ST-ZIP SARASOTA FL 34237TITLE D ☒ Change ☐ Addition
NAME SMITH CURTIS LEE
STREET ADDRESS 1 S. SCHOOL AVENUE, SUITE 1000
CITY-ST-ZIP SARASOTA FL 34237TITLE D ☒ Change ☐ Addition
NAME OLAN MITCHELL
STREET ADDRESS 1 S. SCHOOL AVENUE, SUITE 1000
CITY-ST-ZIP SARASOTA FL 34237TITLE D ☒ Change ☐ Addition
NAME MATZKIN STEVEN R
STREET ADDRESS 1 S. SCHOOL AVENUE, SUITE 1000
CITY-ST-ZIP SARASOTA FL 34237TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN R. MATZKIN

D

03/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)